

**REQUEST FOR INFORMATION FORM**  
**West Whiteland Township**  
**101 Commerce Drive**  
**Exton, PA 19341**

Date Requested: \_\_\_\_\_ Public Request No. \_\_\_\_\_ - 20\_\_\_\_\_

Request Submitted By: \_\_\_\_\_ E-MAIL \_\_\_\_\_ U.S. MAIL \_\_\_\_\_ FAX \_\_\_\_\_ IN-PERSON

Name of Requestor (Optional): \_\_\_\_\_  
(attach business card if applicable) Property Owner  Yes  No

Street Address (Optional): \_\_\_\_\_

City/State/County (Required): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

Email address (Optional): \_\_\_\_\_

**DESCRIPTION OF REQUESTED INFORMATION** (Provide as much specific detail as possible so the Township can identify the information) (If additional sheets are required they must be stapled and the total pages included below)

\_\_\_\_\_  
\_\_\_\_\_

Specify year(s) for material being requested (if applicable): \_\_\_\_\_

Do you want to inspect the records? YES or NO Do you want copies? YES or NO

**If yes instructions for delivery of requested information**

\_\_\_\_\_ PICK-UP \_\_\_\_\_ FAX \_\_\_\_\_ MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_ DISK/CD(provided)

\_\_\_\_\_ OTHER (explain \_\_\_\_\_)

Do you want certified copies of records? YES or NO

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**For Office Use Only:**

Date Request for Information Received \_\_\_\_\_ Open Records Officer \_\_\_\_\_

5 Business Days from Date of Receipt of Request \_\_\_\_\_

Extension Letter Mailed Y/N (circle one) Approval of Extension beyond 30 days Y/N

Date Extension Letter Provides for Fulfilling Request \_\_\_\_\_

DATE REQUEST FULFILLED \_\_\_\_\_ Open Records Officer \_\_\_\_\_

Request Fulfilled by:

Picked Up \_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_ Emailed \_\_\_\_\_ Other \_\_\_\_\_

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List of Documents Provided: